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Bib Data Sheet

CONFIRMATION NO. 3594

|   |   |                                |   |  |
|---|---|--------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/980,971  | <b>FILING OR 371(c) DATE</b><br>04/12/2002<br><b>RULE</b>   | <b>CLASS</b><br>607            | <b>GROUP ART UNIT</b><br>3762   | <b>ATTORNEY DOCKET NO.</b><br>U0139-7001 |
| <b>APPLICANTS</b><br>John McCune Anderson, Down, GBN, UNITED KINGDOM;<br>Noel Evans, Magherafelt, GBN, UNITED KINGDOM;  |   |                                |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/GB00/01725 05/05/2000   |   |                                |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 9910323.6 05/06/1999   |   |                                |   |  |
| <b>** SMALL ENTITY **</b>   |   |                                |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials |   | <b>STATE OR COUNTRY</b><br>GBN | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>11                |
|   |   |                                |   | <b>INDEPENDENT CLAIMS</b><br>2           |
| <b>ADDRESS</b><br>23628   |   |                                |   |  |
| <b>TITLE</b><br>Cardiac defibrillation  |   |                                |   |  |
| <b>FILING FEE RECEIVED</b><br>650   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |